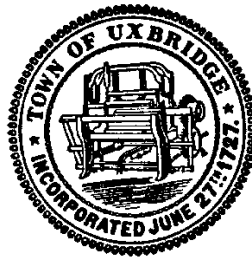


Dr. David Tapscott, Chairman
Dr. Joann Lindenmayer, Vice Chair
Dr. Cay Denherder, Member



**Town of Uxbridge
Board of Health**
21 South Main Street, Room 204
Uxbridge, MA 01569
Phone # (508) 278-8600 X 8
Fax # (631) 223-4307

Email: boh@uxbridge-ma.gov

Due date: December 31st annually

FEE: \$150.00 annually

LATE FEE: \$50.00

PERMIT APPLICATION TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE OR RECYCLABLES IN THE TOWN OF UXBRIDGE

Instructions

All sections of this application must be completed. Incomplete applications will not be considered.

(NOTE TO USER: Language below is based on Board of Health authority to enact and implement this process. If another authority/process is undertaken, consider modifying to reflect appropriate citations throughout.) In accordance with

MGL Chapter 111, Sections 31 A and 31B and in accordance with the Town of Uxbridge Curbside Hauler Regulation, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

☐
☐

Check here if this is your first application.

Check here if this is a renewal application.

Please select which type(s) of collection you will be providing (*check all that apply*):

___ Solid Waste and Recyclables

___ Recyclables Only (see Board Regulation XIX Section 6B "Commercial Customers/Generators")

___ Solid Waste Only (see Board Regulation XIX Section 6B "Commercial Customers/Generators")

Company Information	
Company Name	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
Mailing Address (if different)	
City, State, ZIP Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	

Truck Information

Estimated number of collection trucks to be used in Town of Uxbridge _____ during the permit year.

(Use separate sheet to list additional trucks)

Truck Registration Number	State	Type and Capacity	Copy of Last Safety Inspection Report (NOT Inspection Sticker)

Disposal/ Recycling Information

List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year.

(Note multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)

Solid Waste Disposal Facility	Address	Material(s) Delivered
Recyclables Processing Facility/MRF	Address	Material(s) Delivered

Please check all and make sure all associated attachments are included.

Incomplete applications will not be considered.

- ☐ This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form.
If this is your first application, write-in Not Applicable (NA).
- ☐ I have attached a copy of my certificate of insurance for public liability and property insurance.
- ☐ I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations and the Mercury Disposal Prohibition.
- ☐ I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials.
- ☐ I confirm that my company is in compliance with the Bundled Service requirement outlined in Section 6A of these regulations.
- ☐ I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health.
- ☐ All employees understand and will help educate all Customers about the Massachusetts Waste Bans.
- ☐ I am an authorized official of the company applying for this permit.
- ☐ Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Company Official

Printed Name

Title

Date

PERMIT EXPIRES ANNUALLY ON DECEMBER 31ST.